PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Blo	ock 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying				
_			p h	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Mark G Bocchett Eastman Kodak Co 343 State Street		2007	I S a tr	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Rochester, NY 146	550-2201		Γ	(Depositor's name)			
						(Signature)	
						(Date)	
APPLIC ATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/572,829	10/572,829 09/26/2003		Kenneth P. Friedrich	h H 10378/RLW 1333			
TITLE OF INVENTION: METHOD AND APPARATUS FOR TONER IDENTIFICATION							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400	\$0	\$0	\$1400	10/01/2007	
				¬	V		
EXAMINI		ART UNIT	CLASS-SUBCLASS				
TRAN, HUA		2861	347-112000	a natent front nage lis		<u> </u>	
 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. "Fee Address" indication (or "Fee Address" Indication form PTO/SB.47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNATE ODAK COMPANY (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
343 STATE STREET, ROCHESTER, NY 14650-2201							
Please chec c the appropriate	e assignee category or	categories (will not be p	printed on the patent):	☐ Individual 🔀 Co	rporation or other private gro	oup entity Government	
4a. The following fee(s) are submitted: Solution S		ermitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \Lambda \text{check is enclosed.} \\ \Boxed{\text{P}} \] Payment by credit card. Form PTO-2038 is attached. \[\begin{align*} \text{The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \(\begin{align*} \text{DQ35} \\ \end{align*} \) (enclose an extra copy of this form).				
5. Change in Entity Status	`					77. 1.27()(2)	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party							
interest as 8 10wn by the records of the United States Patent and Trademark Office.							
Authorized Signature	andl	1 Movais L	mid_	Date Self	19MBER 17, 200	97	
Typed o: printed name	David A	NOUALS		Registration N	o. <u>33,324</u>		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form at d/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Faperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

Date Mailed: September 17, 2007

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Prease recognize as the "Fe	ee Address" under the provi	sions of 37 CFR 1.363 the fol	llowing address:					
Thompson IP M 300 Franklin Ce 29100 Northwes	anagement nter stern Highway igan 48034-1095							
		which the Issue Fee has bee	n paid.					
PATENT NUMBER (if known)	SERIAL NUMBER 10/672,829	PATENT DATE (if known)	U.S. FILING DATE 9/26/2003					
PI_EASE VOID ALL PREVIOUS FEE ADDRESSES. THANK YOU.								
Typed name of person s	igning	David A. Novais						
Signed David a. Movais Imid								
(check one) Owner of record								
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